INDEP. CLAIMS 3 - 3 = 0 x \$84.00 \$0.00 Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this								
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TO THE COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA CLAIMS PRESENT FEE TOTAL CLAIMS 37 - 37 = 0 x \$18.00 \$0.00 INDEP. CLAIMS 3 - 3 = 0 x \$84.00 \$0.00 Multiple Dependent Claims (check if applicable)								
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Signature of Person Mailing Correspondence

James Lee

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